

the number of each in

order

N. B.—In case of more than one child at

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1742  
Registered No. 455

1. PLACE OF BIRTH

County Gila

District or Township

State Arizona

or Village

City Miami

No. 3207

Turkey Shoot Canon

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Mercedes Hernandez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. Legitimate?

7. Date

of birth Sept. 24 - 1929

Female

8.

FATHER

Full name

Pedro Hernandez

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Mex.

11. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Teaching plant  
Insp. Con. Copper Co.

14.

MOTHER

Full maiden name

Beatrice Calvillo

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

16. Color or race

Mex.

18. Birthplace (city or place)

(State or country)

Bisbee,

Arizona.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive

at 10:30 p. m. on the date above stated.

Signature

Cyril M. Brown M.D.

Physician

(Physician or midwife)

Address

Miami, Arizona

Filed

Sept 30, 1929

C. E. Dwyer

Registrar

Registrar

489-924-236